

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. For Mental Health Programs.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.047018175

Gross Claim	\$	4,390,522.01
State Hospital Offset	\$	394,108.75
Managed Care Offset 10-21-13 through 11-18-13	\$	261,650.91
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	3,734,762.35
YTD Amount:	\$	11,226,009.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.000188183

Gross Claim	\$	17,572.39
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	0.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	17,572.39
YTD Amount:	\$	52,717.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000759998

Gross Claim	\$	70,968.04
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	3,698.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	67,270.04
YTD Amount:	\$	203,603.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.006550919

Gross Claim	\$	611,719.92
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	39,290.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	572,429.92
YTD Amount:	\$	1,732,348.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.000922395

Gross Claim	\$	86,132.56
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	2,865.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	83,267.56
YTD Amount:	\$	238,962.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000675393

Gross Claim	\$	63,067.69
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	1,680.75
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	61,386.94
YTD Amount:	\$	187,522.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.023990171

Gross Claim	\$	2,240,184.22
State Hospital Offset	\$	383,559.70
Managed Care Offset 10-21-13 through 11-18-13	\$	215,960.86
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	1,640,663.66
YTD Amount:	\$	5,139,888.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.000990045

Gross Claim	\$	92,449.66
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	0.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	92,449.66
YTD Amount:	\$	274,777.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A

PAYMENT ISSUE DATE: 11/27/2013

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.003098793

Gross Claim	\$	289,362.97
State Hospital Offset	\$	22,481.37
Managed Care Offset 10-21-13 through 11-18-13	\$	1,957.14
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	264,924.46
YTD Amount:	\$	761,685.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A

PAYMENT ISSUE DATE: 11/27/2013

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.029667254

Gross Claim	\$	2,770,305.99
State Hospital Offset	\$	39,240.27
Managed Care Offset 10-21-13 through 11-18-13	\$	489,380.95
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	899.00
Net Claim / Payment Amount	\$	2,240,785.77
YTD Amount:	\$	6,967,678.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A

PAYMENT ISSUE DATE: 11/27/2013

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000893475

Gross Claim	\$	83,432.03
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	5,730.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	77,702.03
YTD Amount:	\$	244,566.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.004876579

Gross Claim	\$	455,371.30
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	0.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	455,371.30
YTD Amount:	\$	1,354,140.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.005003470

Gross Claim	\$	467,220.29
State Hospital Offset	\$	56,301.25
Managed Care Offset 10-21-13 through 11-18-13	\$	14,747.47
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	396,171.57
YTD Amount:	\$	1,196,562.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

INYO COUNTY TREASURER
P O BOX O

INDEPENDENCE CA 93526

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.000999652

Gross Claim	\$	93,346.76
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	7,498.62
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	85,848.14
YTD Amount:	\$	270,709.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A

PAYMENT ISSUE DATE: 11/27/2013

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.020220318

Gross Claim	\$	1,888,158.17
State Hospital Offset	\$	56,301.25
Managed Care Offset 10-21-13 through 11-18-13	\$	73,410.31
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	69,881.00
Net Claim / Payment Amount	\$	1,688,565.61
YTD Amount:	\$	5,045,292.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.003459465

Gross Claim	\$	323,042.25
State Hospital Offset	\$	39,194.39
Managed Care Offset 10-21-13 through 11-18-13	\$	57,266.59
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	899.00
Net Claim / Payment Amount	\$	225,682.27
YTD Amount:	\$	762,838.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.001991815

Gross Claim	\$	185,994.19
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	85,244.62
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	100,749.57
YTD Amount:	\$	365,575.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.000976491

Gross Claim	\$	91,184.00
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	4,350.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	86,834.00
YTD Amount:	\$	269,187.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.292967872

Gross Claim	\$	27,357,120.75
State Hospital Offset	\$	3,565,745.84
Managed Care Offset 10-21-13 through 11-18-13	\$	3,616,941.99
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	162,028.00
Net Claim / Payment Amount	\$	20,012,404.92
YTD Amount:	\$	60,989,812.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.003347959

Gross Claim	\$	312,629.91
State Hospital Offset	\$	4,691.75
Managed Care Offset 10-21-13 through 11-18-13	\$	39,009.61
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	14,345.00
Net Claim / Payment Amount	\$	254,583.55
YTD Amount:	\$	772,971.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA 94913

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.010205811

Gross Claim	\$	953,011.00
State Hospital Offset	\$	75,068.33
Managed Care Offset 10-21-13 through 11-18-13	\$	24,964.88
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	852,977.79
YTD Amount:	\$	2,409,988.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.000566855

Gross Claim	\$	52,932.50
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	0.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	52,932.50
YTD Amount:	\$	158,797.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A

PAYMENT ISSUE DATE: 11/27/2013

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.003175512

Gross Claim	\$	296,526.94
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	17,973.50
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	278,553.44
YTD Amount:	\$	843,504.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.007460821

Gross Claim	\$	696,685.88
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	29,341.84
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	667,344.04
YTD Amount:	\$	1,996,301.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.000508655

Gross Claim	\$	47,497.82
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	5,229.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	42,268.82
YTD Amount:	\$	137,264.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A

PAYMENT ISSUE DATE: 11/27/2013

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000417237

Gross Claim	\$	38,961.28
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	0.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	38,961.28
YTD Amount:	\$	112,718.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.009192550

Gross Claim	\$	858,393.44
State Hospital Offset	\$	75,068.33
Managed Care Offset 10-21-13 through 11-18-13	\$	50,763.50
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	732,561.61
YTD Amount:	\$	2,203,719.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.005269843

Gross Claim	\$	492,094.00
State Hospital Offset	\$	81,638.33
Managed Care Offset 10-21-13 through 11-18-13	\$	25,941.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	-13,544.00
Net Claim / Payment Amount	\$	398,058.67
YTD Amount:	\$	1,105,397.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY CA 95959

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.002168994

Gross Claim	\$	202,539.04
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	31,381.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	171,158.04
YTD Amount:	\$	544,752.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A

PAYMENT ISSUE DATE: 11/27/2013

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.059231841

Gross Claim	\$	5,531,025.01
State Hospital Offset	\$	245,302.12
Managed Care Offset 10-21-13 through 11-18-13	\$	615,829.81
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	164,703.00
Net Claim / Payment Amount	\$	4,505,190.08
YTD Amount:	\$	13,685,818.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A

PAYMENT ISSUE DATE: 11/27/2013

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.004427865

Gross Claim	\$	413,470.72
State Hospital Offset	\$	36,730.20
Managed Care Offset 10-21-13 through 11-18-13	\$	14,000.28
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	362,740.24
YTD Amount:	\$	1,089,351.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A

PAYMENT ISSUE DATE: 11/27/2013

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000764875

Gross Claim	\$	71,423.46
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	0.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	71,423.46
YTD Amount:	\$	185,888.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A

PAYMENT ISSUE DATE: 11/27/2013

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.035862989

Gross Claim	\$	3,348,859.09
State Hospital Offset	\$	254,564.70
Managed Care Offset 10-21-13 through 11-18-13	\$	244,611.36
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	61,134.00
Net Claim / Payment Amount	\$	2,788,549.03
YTD Amount:	\$	8,815,256.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.040596765

Gross Claim	\$	3,790,895.55
State Hospital Offset	\$	366,186.25
Managed Care Offset 10-21-13 through 11-18-13	\$	206,815.70
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	3,217,893.60
YTD Amount:	\$	9,809,573.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.001048085

Gross Claim	\$	97,869.39
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	0.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	97,869.39
YTD Amount:	\$	290,983.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.047634777

Gross Claim	\$	4,448,099.85
State Hospital Offset	\$	219,121.67
Managed Care Offset 10-21-13 through 11-18-13	\$	618,476.60
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	67,044.00
Net Claim / Payment Amount	\$	3,543,457.58
YTD Amount:	\$	11,167,434.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A

PAYMENT ISSUE DATE: 11/27/2013

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.073612732

Gross Claim	\$	6,873,901.85
State Hospital Offset	\$	225,205.00
Managed Care Offset 10-21-13 through 11-18-13	\$	854,478.42
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	166,501.00
Net Claim / Payment Amount	\$	5,627,717.43
YTD Amount:	\$	17,254,164.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.053511844

Gross Claim	\$	4,996,895.97
State Hospital Offset	\$	779,062.08
Managed Care Offset 10-21-13 through 11-18-13	\$	104,144.52
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	129,200.00
Net Claim / Payment Amount	\$	3,984,489.37
YTD Amount:	\$	11,891,345.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A

PAYMENT ISSUE DATE: 11/27/2013

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.018554163

Gross Claim	\$	1,732,573.86
State Hospital Offset	\$	56,301.25
Managed Care Offset 10-21-13 through 11-18-13	\$	73,013.14
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	899.00
Net Claim / Payment Amount	\$	1,602,360.47
YTD Amount:	\$	4,906,461.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.005023219

Gross Claim	\$	469,064.43
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	13,614.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	455,450.43
YTD Amount:	\$	1,360,062.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT
PO BOX 4035
SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.024392322

Gross Claim	\$	2,277,736.78
State Hospital Offset	\$	93,835.42
Managed Care Offset 10-21-13 through 11-18-13	\$	44,195.42
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	80,104.00
Net Claim / Payment Amount	\$	2,059,601.94
YTD Amount:	\$	6,133,710.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.009347287

Gross Claim	\$	872,842.67
State Hospital Offset	\$	21,450.35
Managed Care Offset 10-21-13 through 11-18-13	\$	19,196.50
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	20,026.00
Net Claim / Payment Amount	\$	812,169.82
YTD Amount:	\$	2,423,104.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.044695135

Gross Claim	\$	4,173,598.27
State Hospital Offset	\$	713,605.42
Managed Care Offset 10-21-13 through 11-18-13	\$	188,927.51
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	272,808.00
Net Claim / Payment Amount	\$	2,998,257.34
YTD Amount:	\$	9,067,418.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.005746299

Gross Claim	\$	536,585.10
State Hospital Offset	\$	23,572.92
Managed Care Offset 10-21-13 through 11-18-13	\$	61,352.15
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	451,660.03
YTD Amount:	\$	1,258,129.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.005400089

Gross Claim	\$	504,256.27
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	50,560.80
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	453,695.47
YTD Amount:	\$	1,418,511.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.000282506

Gross Claim	\$	26,380.20
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	0.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	26,380.20
YTD Amount:	\$	79,140.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

SISKIYOU COUNTY TREASURER
311 FOURTH ST RM 104

YREKA CA 96097

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.001445852

Gross Claim	\$	135,012.58
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	4,242.96
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	19,127.00
Net Claim / Payment Amount	\$	111,642.62
YTD Amount:	\$	339,596.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A

PAYMENT ISSUE DATE: 11/27/2013

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.010276879

Gross Claim	\$	959,647.27
State Hospital Offset	\$	60,894.17
Managed Care Offset 10-21-13 through 11-18-13	\$	83,588.39
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	117,735.00
Net Claim / Payment Amount	\$	697,429.71
YTD Amount:	\$	2,310,983.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.010636857

Gross Claim	\$	993,261.75
State Hospital Offset	\$	18,767.08
Managed Care Offset 10-21-13 through 11-18-13	\$	80,884.39
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	43,023.00
Net Claim / Payment Amount	\$	850,587.28
YTD Amount:	\$	2,460,879.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A

PAYMENT ISSUE DATE: 11/27/2013

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.012858690

Gross Claim	\$	1,200,734.85
State Hospital Offset	\$	56,899.55
Managed Care Offset 10-21-13 through 11-18-13	\$	50,130.67
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	7,773.00
Net Claim / Payment Amount	\$	1,085,931.63
YTD Amount:	\$	3,065,478.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA 95992

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.004648270

Gross Claim	\$	434,051.98
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	42,044.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	392,007.98
YTD Amount:	\$	1,203,836.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

TEHAMA COUNTY TREASURER
PO BOX 1150

RED BLUFF CA 96080

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.002034194

Gross Claim	\$	189,951.51
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	590.50
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	189,361.01
YTD Amount:	\$	564,465.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.000586917

Gross Claim	\$	54,805.87
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	2,241.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	52,564.87
YTD Amount:	\$	162,176.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.013246498

Gross Claim	\$	1,236,948.07
State Hospital Offset	\$	62,594.73
Managed Care Offset 10-21-13 through 11-18-13	\$	157,352.83
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	19,127.00
Net Claim / Payment Amount	\$	997,873.51
YTD Amount:	\$	2,981,688.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.001305741

Gross Claim	\$	121,929.12
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	17,869.82
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	104,059.30
YTD Amount:	\$	303,050.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.014996137

Gross Claim	\$	1,400,328.06
State Hospital Offset	\$	18,767.08
Managed Care Offset 10-21-13 through 11-18-13	\$	37,334.32
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	899.00
Net Claim / Payment Amount	\$	1,343,327.66
YTD Amount:	\$	3,989,995.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.004858034

Gross Claim	\$	453,639.58
State Hospital Offset	\$	18,767.08
Managed Care Offset 10-21-13 through 11-18-13	\$	9,442.50
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	425,430.00
YTD Amount:	\$	1,191,324.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.002146337

Gross Claim	\$	200,423.34
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	0.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	200,423.34
YTD Amount:	\$	601,270.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300141A
PAYMENT ISSUE DATE: 11/27/2013

TRI-CITY MENTAL HEALTH
2008 NORTH GAREY AVENUE

POMONA CA 91767

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 10/16/2013 TO: 11/15/2013

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00 County/City Ratio: 0.003262101

Gross Claim	\$	304,612.55
State Hospital Offset	\$	0.00
Managed Care Offset 10-21-13 through 11-18-13	\$	0.00
State Hospital Offset Excess Use for July, August, September, or October 2013	\$	0.00
Net Claim / Payment Amount	\$	304,612.55
YTD Amount:	\$	913,837.65